The Medical Fortnightly.

Issued Tenth and Twenty-fifth of Every Month by the Fortnightly Press Co.

UNDER THE EDITORIAL DIRECTION OF

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A COSMOPOLITAN BIWEEKLY FOR THE GENERAL PRACTITIONER

Editorial Offices in St. Louis, Chicago, Cincinnati, Jacksonville, St. Joseph, Kansas City, and Pueblo, where specimen copies may be obtained and subscriptions will be taken.

Address all business communications to the Fortnightly Press Company.

Address all contributions and books for review to the Editors, Suite 312, Century Building, Saint Louis.

Volume XXI **MAY TWENTY-SIXTH** **Number 10**

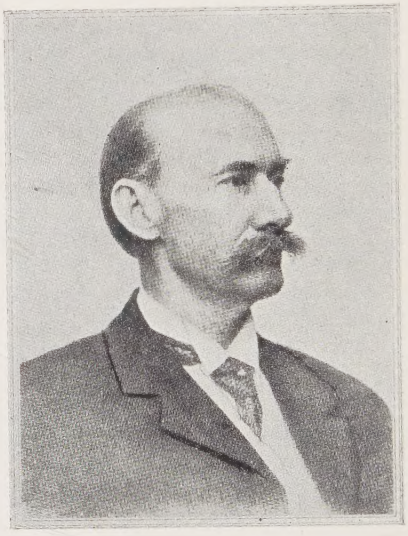
Editorial Department.

WORLD'S FAIR POSTPONEMENT.—It has been evident to those most closely concerned with the Louisiana Purchase Exposition that its magnitude would be materially increased by postponement to 1904. The various steps necessary to this end have been taken, and it is now definitely stated that the Fair will be held in 1904. The change of date meets with general approval, but even with the extra time gained we have none too long if we are to set a new standard of what a fair of the first order of magnitude shall mean to the world. The World's Fair of 1904 must eclipse anything ever seen of a like nature. There is much that can be done by the medical profession, and there is no lack of enthusiasm among those who are working under Director Laidley.

THE NEW DOCTORS.—The commencement of the Medical Department of Washington University was the last of local celebrations of the kind for this year. Judging from appearances and what the daily papers have said, the classes this year were without exception, composed of men whose training has been so thorough and painstaking that great things will be expected of them. The consolidation of schools has put the student of today in a position full of opportunity; he has but to avail himself of these opportunities and do good honest work, and there is no limit to his possibilities. From the very nature of things every class should be better prepared for practice than any which have gone before; the ordinary formula of congratulation to the new graduate is not empty of meaning, with their opportunities they should start their professional careers better equipped than was possible even a year ago. The whole thing is not learned at college, but there are strong men in practice who envy the youngsters their chance to spend four years in a training, many features of which were embryonic ten years back, and all of which has been progressively increasing in thoroughness and practical value. We are glad that our schools have this year graduated their best class, and we trust that every member will live up to all that we have a right to expect of him.

The American Medical Association and its President.

THE PROMISES of a great meeting at Saratoga for the American Medical Association are in evidence by the preparations being made, and the interest shown in the organization of the various section programmes. By reason of the location of the meeting again in the East, near the great medical centers, we expect the enthusiasm to be at its highest, and the scientific work to be up to high water mark. New York as a State, is showing unusual activity in promoting the unification of the medical profession, and at the Saratoga meeting measures, no doubt, will be adopted to bring about a broadened brotherly association of scientific medical men, who work for the honor and glory of the profession. We owe much of the high professional ideals, the broad spirit of organization and the evolutionary growth of unification now in evidence, to the great man who is to preside over the meeting of 1902—Dr. Jno. A. Wyeth. A fountain can never go higher than its source, and an association in its ideals, can never go beyond the standard set by its presiding officer.



The ideals, the standards, therefore, of the American Medical Association are high, indeed, for in Dr. Wyeth is represented the good, the noble and the scholarly American physician whose great desire is the growth and maintenance of a high standard, a perfect unity based on scholastic grounds for the American profession. Should it not be a pleasure and a great profit for the young man in medicine to attend the Saratoga meeting? For the radiance of professional ideals; the richness of the intellectual feasts; the wholesomeness of association with great men of the profession, will impart to him the wish to be a better physician intellectually, and a broader physician in his association with his fellow-practitioners.

What the young man in medicine most needs is not money, but enlightenment; not a pull, but inspiration to do good work; a cultivation of pride in his profession and a better belief and more faith in his brothers in the profession.

We believe in medical societies, they cultivate all that is good in a physician, and the A. M. A. shows the climax of association for professional and scientific work. The Saratoga meeting promises to give inspiration, and he who will attend with earnestness of purpose will reap reward

like that unto which gives the scholar the opportunity to see "books in running brooks, sermons in stones, and good in everything." A physician trained in observation, in belief in his fellowmen and in the glories of creation will be contented, be his own master and powerful in all that he possesses. In Jno. A. Wyeth, the President of the American Medical Association, is found such a man—a representative indeed fo the evolutionary growth, and ideal professional attainments which are offered to all American physicians who will but work, be true and believe that a rich mind eclipses all other possessions. Let every physician attend the A. M. A. at Saratoga. F. P. N.

DR. AND MRS. F. L. HENDERSON returned from an extended vacation in Europe on May 1st

A LOCAL AGENCY of the W. D. Allison Company, of Indianapolis, has been opened at 635 Century Building, with Dr. L. Wood in charge.

DR. J. N. ENGLISH, of Poe, Miss., is North for a short vacation. The doctor was located in Litchfield, Illinois, for some years previous to going to Mississippi.

THE MARRIAGE of Miss Rose Tuholske, daughter of Dr. and Mrs. H. Tuholske, to Dr. E. Jonas, occurred early in May. Dr. and Mrs. Jonas have just returned to the city and have taken up their abode at the Brookings residence, next door east of Dr. Tuholske's residence and hospital, it having been the doctor's gift to his daughter.

THE FOURTEENTH ANNUAL MEETING OF THE TRI-STATE MEDICAL SOCIETY OF ALABAMA, GEORGIA AND TENNESSEE will be held at Birmingham, Ala., October 8, 9 and 10, 1902. This meeting promises to be of unusual interest from present indications. One of the prominent features of the last meeting, and which attracted considerable attention was the discussion of sociological questions. The papers in this section excited considerable comment locally in many of the journals throughout the country.

THE INTERNATIONAL ASSOCIATION OF RAILWAY SURGEONS.—The fifteenth meeting of this association was held in this city on April 30th, May 1st and 2d, some three hundred delegates representing the United States, Canada and Mexico being present. Membership of the society being limited by its nature the importance of this meeting was not appreciated by the mass of the local profession, it is seldom that so much of high scientific value is presented on a single program, except in the case of our largest associations. The social features were exceptionally attractive, but were kept subordinate to the work of the society. The election on the last day resulted in the election of Dr. W. A. McCandless of this city to the presidency. Dr. Louis J. Mitchell, of Chicago, was made Secretary, and Dr. Jas. A. Duncan, of Toledo, Treasurer, these being re-elected. The following were elected vice-presidents: Dr. A. L. Wright of Iowa, Dr. John B. Rule of St. Louis, Dr. J. C. Wysor of Virginia, Dr. E. E. Kitchner of Canada, Dr. W. G. Jamieson of Texas and Dr. R. Ortego of Mexico. The next meeting will be held in Indianapolis at a time to be selected by the executive board.

The Reviewer's Table.

Books, Reprints, and Instruments for this department, should be sent to the Editors, St. Louis.

Obstetric and Gynecological Nursing. By E. P. Davis, A.M., M.D., Professor of Obstetrics in Jefferson Medical College and Philadelphia Polyclinic. 12mo volume of 402 pages, fully illustrated. Philadelphia and London: W. B. Saunders & Company, 1901; (Price $1.75 net.)

This very excellent and very practical volume should be put in the hands of all nurses doing obstetric work, and it may be read with great benefit by the younger physicians who wish to have the best of order and of success in their obstetric work. We know of no better work on this subject.

Simon's Clinical Diagnosis. A Manual of Clinical Diagnosis by means of Microscopical and Chemical Methods for Students, Hospital Physicians and Practitioners. By Charles E. Simon, M.D., author of Simon's Physiological Chemistry, etc. New (4th) edition, thoroughly revised and enlarged. In one handsome octavo volume of 608 pages, illustrated with 139 engravings and 19 plates in colors. Philadelphia and New York: Lea Brothers & Co., 1901. (Cloth, $3.75 net.)

Simon's Clinical Diagnosis, first published in 1896, has won a permanent place in the medical literature of today. Coming into the field when laboratory diagnosis was in its evolution it has developed with the great strides made in laboratory methods, and its several editions, this being the fourth, mark the progress in this wonderful field of knowledge. Equipment for laboratory investigation in diagnosis is now an essential part of every physician's office, or at least at his command. With this book as a guide the equipment and work is made practicable and scientific. Accurate diagnosis is the cry of the times, hence, the demand for the laboratory worker, and such excellent works on diagnosis. With these methods at his command the obligation to use them becomes binding upon the physician both legally and morally. The physician can readily acquire a working knowledge of precise diagnosis and the student finds it included in the curricula of a rapidly increasing number of colleges. It has been the earnest endeavor of the author to adapt this book to the needs of undergraduates and practitioners alike. It states the best methods clearly and simply with all necessary instructions in careful detail. The present edition shows revision from cover to cover, notwithstanding the short time that has elapsed since the issue of its predecessor. Every effort has been made to render the book as modern and as practical as possible. Complying with many requests, the author has supplied abundant references to the literature of the subject. This will be valued by those who wish to proceed further with the study of the subject.

PATHOLOGICAL HISTOLOGY. The Principles of Pathological Histology, by Harvey R. Gaylord, M.D., Professor of Surgical Pathology in the University of Buffalo, N. Y., and Ludwig Aschoff, M. D., Professor and First Assistant in the Pathological Institute of the University of Gottingen, Germany, with an introductory note by William H. Welch, M. D., Professor of Pathology in Johns Hopkins University, Baltimore. In one very handsome quarto volume of 354 pages, with 81 engravings in the text and 40 full page plates. Philadelphia and New York: Lea Brothers & Co., Publishers. (Cloth, $7.50 net.)

This volume of Pathological Histology is a revelation in the art of book making; a charming scientific work, full of the richness and beauty which the modern book publisher makes possible. The photomicrographs are produced with unusual delineation by the modern art of printing. Twenty-nine full page, containing from four to twelve figures each, which for clearness and ability in illustrations are unrivaled, serve to impart instruction and give unusual value to the text. This process of illustration the heliotype is expensive, but the value in conveying knowledge is superior to any other known process. Several excellent lithographs executed in Germany add to the value of the book. It is worthy of note that simultaneously a German edition of this work has been published, and the American publishers supplied the German with the heliotype plates and the German supplied the Americans with the lithographs, so that the two foremost nations in medicine have joined hands to enrich it with the best the world can produce. The work is at once an Atlas and a Text-book. In 350 large pages the author covers the subject, the pathological histology of organs, the clinical significance of the appearances, the methods of preparing and demonstrating the tissues, and the principles of optics and photomicrography involved. The need for such a book as well as the excellence of the present volume are vouched for by Professor William H. Welch, of Johns Hopkins Medical School, who has contributed the introduction. The price is really low for the value of the work to every student and every physician who realizes the practical importance of pathology. To such it will be of priceless service.

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CHEMICAL PATHOLOGY. Chemical Pathology in its Relation to Practical Medicine. By C. A. Herter, M.D,, Professor of Pathological Chemistry in the University and Bellevue Medical College, New York, etc. In one 12mo. volume of 454 pages. Philadephia and New York: Lea Brothers, Publishers. (Cloth, net, $1.75.)

The newer chemical pathology which this book heralds, opens up a wonderfully rich field for research work, and gives to internal medicine a more reliable scientific foundation. This book should be read by every physician because it is a pioneer in this field of experimental medicine. An intensely scientific author who is capable of giving in language so entertaining, so instructive, the essential facts of chemical pathology, that every one who reads this work, will realize its great value and application in the field of practical medicine.

Herter is the American authority in chemical pathology; this is shown in the text by the wide range of his researches, the minuteness of detail in experimental work, and especially in the application of his results to practical medicine. The instincts of a practical clinician have guided a master hand in the treatment of such topics as: Clinical Defences of the Organism against Disease; Food-stuffs and their Fate in the Body in Health and Disease; Chemical Pathology of Gastric and Intestinal Digestion; Chemical Pathology of Hepatic Disease; Diabetes; Starvation; Undernutrition and Obesity. A simple, clear and direct style brings these important questions within easy comprehension, while the bibliography which follows each chapter will be welcomed by students who wish to pursue the subjects further.

A System of Physiologic Therapeutics. A Practical Exposition of the Methods, other than Drug-giving, Useful in the Prevention of Disease and in the Treatment of the Sick. Edited by Solomon Solis Cohen, A. M., M. D. Volume III.—Climatology, Health Resorts, Mineral Springs. By F. Parkes Weber, A. M., M. D., F. R.C. P. (Lond.), Physician to the German Hospital, Dalston; Assistant Physician North London Hospital for Consumption, etc. With the Collaboration for America of Guy Hinsdale, A.M., M.D., Secretary of the American Climatological Association, etc. In Two Books. Book I.—Principles of Climatotherapy—Ocean Voyages—Mediterranean, European and British Health Resorts. Book II—Mineral Springs, Therapeutics, etc. Illustrated with Maps. (Price for the complete set, $22.00 net.)

These are the third and fourth volumes of Cohen's System of Physiologic Therapeutic, whose timeliness has already been commented upon. The first part treats of the factors of climate, with their effect on physiologic functions and pathological conditions, and describes the fundamental principles that underlie the application of climates, health resorts and mineral springs in the prevention of disease, and to promote the comfort and recovery of the sick.

The second part describes health resorts, and the third part discusses in detail the special climatic treatment of various diseases and different classes of patients. Book II also describes the health resorts in Africa, Asia, Australasia and America.

In Book I ocean voyages are first treated of with considerable detail and their advantages and disadvantages, indications and counter--indications as a therapeutic measure, are pointed out. As very little exact information on this important subject exists in an available form, this chapter should be of great use to physicians. The subject of altitude is treated in a similarly full and definite manner. The difference between summer and winter climates in Switzerland, and the therapeutic indications for the different seasons are discussed at length. In addition, the sea-coast and inland health resorts of the Mediterranean countries, those of Continental Europe and those of the British Islands, including mountain stations of various elevations, plains and mineral water spas, are described, with no

waste of words, but with a fullness of detail unusual in medical books. Not only geographic and climatic features are pointed out, but also social and other characteristics so important in selecting a resort that shall be suitable to the tastes and means of the individual patient, as well as beneficial in this disease. Throughout this section allusion is made to the special medical uses of the various resorts described, and to the particular form of treatment for which any one is famous.

The existence of sanatoriums for special diseases, as those at seaside resorts for scrofulous and weakly children, and in various regions for consumption, nervous affections, diseases of women, and the like, are specified; and the mere lists of such places, as found in the index, are likely to prove invaluable for reference. We know none other so complete. A mere glance at the closely printed pages of the index will show how unusually full is the treatment of special resorts and their particular qualities. Like the preceding volumes these are thoroughly scientific and eminently practical, a combination that reflects credit alike on authors and editor.

A Text-Book of Pharmacology. Including Therapeutics, Materia Medica, Pharmacy, Prescription-writing, Toxicology, etc. By Torald Sollman, M.D., Assistant Professor of Pharmacology and Materia Medica, Western Reserve University, Cleveland, Ohio. Royal octavo volume of 880 pages, fully illustrated. Philadelphia and London: W. B. Saunders & Company, 1901. (Cloth, $3.75 net.)

One of the most important subjects of the whole range of the art and science of medicine is therapeutics, and as a basis for the evolution of this art, must come substantial foundation, made of the knowledge of drugs, a definite conception of their composition, strength and dose, together with the indications for their use. This is apparently a much neglected field of medicine, but in reality we find that such excellent works as this are opening up greater possibilities in their use. The author bases the study of therapeutics on a systematic knowledge of the nature and properties of drugs, and thus brings out forcibly the intimate relation between pharmacology and practical medicine. Practitioners and students will find the work an admirable guide in that most important part of their equipment, namely, how to use drugs accurately and efficaciously. The book includes the practical subjects of materia medica, pharmacy, prescribing, incompatibility, toxicology, etc. A special chapter has been devoted to toxicologic analysis, including both the inorganic and organic poisons. Pharmaceutic assaying has likewise been given due consideration. There is also a secretion on laboratory experimentation, which, besides rendering the greatest aid to the student in the laboratory, will serve as a basis for classroom demonstrations. The book will be of the utmost service, not alone to students and practitioners, but also to druggists and everyone interested in the use of medicines.

The International Journal of Surgery Co is about to issue a new volume in their series of practical manuals. The new work is to be on "Regional Minor Surgery," by Dr. G. G. Van Schaick. It promises to be a work of exceptional worth.

Favorite Prescriptions

To Keep Cocaine.

Cocaine muriate	grs. 8
Salicylic acid	gr. 1
Distilled water	3ss

Maryland Med. Journal.

Ring Worm.—Poindexter (*Med. World*) advises the use of the following.

℞	Hydrarg. bichlor	grs. v
	Alcohol	3ss
	Oil sassafras	3ss

M. Sig.:—Apply every other night till cured.

An Antineuralgic Ointment.—The *Gazette hebdomadaire de medesine et de chirurgie* ascribes the following to G. Menier:

℞	Extract of belladonna	
	Petrolatum	aa 180 grains
	Powdered opium	30 grains
	Perfume, with essence of thyme	q. s.

M. Rub in thrice daily; the frictions should last for from five to ten minutes and be desisted from so soon as the face blanches.—*New York Medical Journal.*

Chafing of the Skin.—Where skin surfaces which are in apposition have a tendency to chafe, the following will be found useful:

℞	Magnesii carbonatis	
	Zinci oxidi	
	Acidi borici	aa 3ij

M. Sig.: Apply to the affected parts.

An Ointment for Instillation in Gonorrhea.—Gerald Dalton has had distinctly good results from the following:

℞	Carbolic acid	10 grains
	Pure iodine	5 grains
	Olive Oil	½ drachm
	Lanolin	1 ounce

M. et ft. unguentum. To be used, with or without preliminary irrigations, by means of a Guyon catheter syringe, or a small silver tube with a short terminal curve screwed on to a hypodermic syringe, passed through the compressor muscle into the posterior urethra. The instillations may be performed every second, third, or fourth day, according to the strength of the ointment used, immediately after an irrigation.—*New York Medical Journal.*

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Postponement of the Congress of Tuberculosis.—The officers of the Congress, in response to a very general strong expression from the Southwestern States, Mexico, and the Central and South American countries, have decided to postpone the meeting of the American Congress of Tuberculosis, to the 2d, 3d and 4th days of June, to be held at Hotel Majestic, New York City. The banquet will be given on the evening of the 3d, at this hotel.

Original Department.

PAPERS for the Original Department should be in hand one month in advance, and contributed to THE MEDICAL FORTNIGHTLY exclusively. A liberal number of extra copies will be furnished authors, and reprints may be obtained at reasonable rates, if request accompanies the manuscript. Engravings from photographs furnished free.

Contributions, and books for review, should be sent to the Editors, 312 Century Building, St. Louis.

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Medical Knowledge in Japan.

By Albert S. Ashmead, M. D.,

NEW YORK CITY.

REFERRING to Dr. B. Scheube's article in Virchow's Archives, Band XCI, page 448, relative to the use of mercury in syphilis by the Japanese, and the question of their medical literature and its derivation, permit me to call your attention to some observations by my American brother alumnus, Dr. W. N. Whitney, interpreter, U. S. Legation, Tokio, Japan, Transactions Asiatic Society, Vol. XII, 1884.

"From the Shakuso-o-rai (translation of title not given) the following remarks by Mr. Kaku Kashiro throw some light upon the condition of medical knowledge in Japan, at the close of the period under consideration (that is from the 8th to the 15th centuries).

"It seems that two schools of physicians, Wake and Tamba, are making new experiments in their art, notwithstanding the antiquity of their families (Wake was descended from the Emperor Suinin, B. C. 29; Tamba was descended from Reitei) (Linte) A. D. 168-190 of the Han dynasty, both Chinese physicians from whom their schools of medicine had originated. And now it comes to pass that medicines which they employ are nearly all new and imported; such as—here follows a list of thirty-three remedies, mostly botanical, excepting the following: Tiger's gall, cinnabar from Shinchen-fu (Dr. Williams); clarified honey; hartshorn; lime, and the skin of the white-spotted snake"

"You possess these medicines, and so I do not send them to you. As to the pharmaceutical apparatus, such as dishes, mortars, cutters, sand-

baths, seives, etc., you have heard that the men of the present age all carry with them such medicines as these, and to be without which one must be ashamed." (Here follows a list of "combination" remedies, among which is mentioned the following): Chinja-yen-Chinja pellets, a medicine used in all painful nervous diseases. (Dr. Whitney says as to the ingredients of Chinja-yen, neither of the several sources of reference within the writer's reach state at all clearly). There is, however, a medicine called 'shinsen'-chinja-guwan' or the heavenly mountain sprite' (chinja pellets) which contains myrrh, dragon's blood from Sumatra (Dr. Williams), musk, cinnabar from shinchen-fu in Hunan, China (Dr. Williams), Inula-Helinum, liquorice. These should be reduced to powder. The liquorice should be boiled until it becomes glossy, then mixed well and made into small pellets, one of which is a dose, and should be masticated well, and swallowed with a draught of a decoction called 'kiyo-yen-to'—ginger andsalt decoction.'

(Both of these references are instances of a Japanese use of mercury, before any European advent.)

During the thirteenth and fourteenth centuries there had been a decline or decay of Chinese medicine in Japan, and it was to the innovations that were benig introduced and originated that Mr. Kaku Kashiro made allusion.

In the New York Medical Record, Vol. XIX 1,881, an American again, Dr. D. B. Simmons, late of the Yokohama General Hospital, Japan in an article entitled "Medical Practice in Japan" in speaking of the use of drugs by the Japanese physicians has this to say: "The therapeutics of the Chinese school, however, is more rational in that experience has led its disciples to use a variety of drugs of undoubted efficacy in disease such as cathartics, diuretics, diaphoretics, sedatives, astringents, antispasmodics, emetics, etc. Some of which, if not already adopted by Western nations, might form valuable additions to the materia medica. For example, the use of aconite, lately lauded so highly in the West, for certain forms of neuralgia, and of mercury in syphilis is undoubtedly of Chinese origin. So universal has it been the custom of the disciples of the old schools of medicine in Japan, to use mercury in the treatment of all venereal sores, that in nearly twenty years of hospital and private practice among the natives, I have rarely met with one, who has ever had a chancre, who has not been thoroughly mercurialized by stuffing the nostrils with cotton or paper saturated with the drug. Most of the doctors of the new or foreign system, however, (who by the way, reject everything, good or bad, in the old) have, for the most part, not only abandoned this mode of treatment of syphilis, but have gone to the other extreme, of not using mercury in any form, relying entirely on iodide of potassium, for its cure in all stages. With the generally accepted opinions as to the value of this drug in the treatment of this disease there is little doubt, but those suffering from it will, for a time at least, gain little by this change in practice."

Dr. Geerts ("Minerals and Metallurgy of Japan") says: "In Japanese books there is found no trace of alchemy. According to Ranzan, cinnabar was first used in Japan in 629 A. D., during the second year of the reign

of the Emperor Monmu." "Calomel (keifum) was first manufactured in Japan in 714 A.D." Its medical use in syyphilis was known long before this date.

Dr. H. Miyake, formerly dean of the Imperial University of Tokio, medical department, wrote me some years ago, that I was "undoubtedly right" in opposing the statement that the Japanese use of mercury in syphilis was derived from Europeans. He said that its use was undoubtedly of Chinese origin; and that it was anciently used in Japan as a secret remedy, but it was difficult to say at what exact time Japanese physicians and pharmacists began to use it as a treatment for syphilis.

Now Japanese silver was found in 674 A. D.; and the first Japanese gold was found and melted in 749 A. D. Quicksilver must surely have been known, at this time, in their refinement of gold; for gold and quicksilver were known in China from earliest times, and the Japs would naturally know them through the Coreans and the Chinese.

Dr. Whitney divides the history of medicine in Japan into five periods:

1st. Mythical period—from most ancient times to about B. C. 200, being the period of so-called pure Japanese medicine.

2d. Introduction of Chinese and Corean medicine—from B. C. 200 to A. D. 700.

3d. Establishment of the university; growth and decay of the Chinese school of medicine—from the beginning of the eighth century to the middle of the sixteenth century.

4th. Introduction of Western medicine and revival of the Chinese school—from the middle of the sixteenth century to the beginning of the present reign, 1868 A. D.

5th. State of medical affairs at the present time.

Dr. Whitney says: The medical library of Wake (of Wake and Tamba systems of medicine, before mentioned, as using mercury in the treatment of disease) was destroyed in 1370 A. D. Succeeding the Wake and Tamba schools came that of Tashio-Dodo* (or Todo), whose theories were first taught in 1465 A. D.

Tamba wrote, "I-shin-po," an encyclopedia of Chinese medical works, of the Sui and T'ang dynasties (589-907 A. D.) (and was originally a noted professor (not a paid reviewer) of Acupuncture, 809 A. D. Evidently he derived his knowledge of the use of mercury from the Chinese, as the date, 809 A. D., coincides with that of the publication of "Dai-do-rui-shin-sho," which gives a description of syphilis (and he knew spyhilis).

These schools of Wake and Tamba taught the principles of the treatment of disease of the Chinese school of T'ang, and "they had so thoroughly permeated the teachings of the learned professors of the land that it was feared the pure Japanese art, as taught in ancient times by the gods to men, would, ere long, cease to be known or practiced; besides this, in the early reign of the Emperor Heijo, A. D. 806-810, a plague had visited the country, which, like that of an earlier day, had carried off many of the youth of the land, and a return of which plague was continually dreaded.

*Name was handed down through line of pupils.

The Emperor thinking, therefore, that perhaps, the return to the methods of early days might result in good to his people, and avert the threatened evil, ordered Abe-no-Masanawa, and Idzumo-no-Hirosada to prepare a work on pure Japanese medicine, which they set about, and completed soon after, in the third year of this reign, being called the period of Daido (A. D. 806-809). This work, the "Daido-rui-shin-sho," or collections of methods of the period of Daido, comprising one hundred volumes, contained the formulae and modes of employment of various medical compounds, which had been in use since the days of "O-na-muchi," and "Suka-na-hiko-no-mikoto" (both princes of the mythical period of Japan's history; the latter literally meaning Prince Small Name!); and which had been handed down from them together with a few of the best prescriptions obtained from foreign lands. These formulae, and the modes of their employment, were collected from ancient records in country villages and Shinto shrines (a medical priesthood being in existence), and from noted houses of country physicians who still practised, according to the old methods, and who had kept the knowledge of these prescriptions secret; also "laws regulating the practice of physicians."

The Daido-ruishinsho* was the "standard for Japanese prescribing," and was intended to controvert the growth and development of the Chinese school. We can, therefore readily understand why it did not mention the use of the Chinese remedy, mercury, in the treatment of syphilis.

It compended medicine down to the end of the eighth century.

Medical priests now became plentiful again, and "even held the court positions, once filled by the descendants of Wake and Tamba; and the Chinese schools of practice, "Ritoyen" and "Shui-Tankei," came into favor.

Ritoyen was born 1208-1368 A. D., and was a pupil of Cho-gen-so (a Chinese), and believed "internal diseases to be caused by the penetration of pestilential vapors from outside the body; and those of the stomach, by improper food, and over-exertion."

His was the eclectic school. Shui-Tankei was born during the reign of the Yuen dynasty, and was thoroughly acquainted with the teachings of Ritoyen. From these two teachers sprung the late Chinese schools, which were known as "Ri" (toyen) or "Toko," and "Shiu" (Tankei).

Tashiro Dodo (or Todo) was the first to teach the doctrines of these schools in Japan. He was born A. D. 1465, and spent twelve years in China, where he became acquainted with the teachings of Ritoyen and Shui Tankei, and upon his return brought the Chinese books, and taught what he had learned during his absence.

Sho-kei (or chokei was the) was the successful propagator of the doctrines of these schools. He was born 1507 A. D., and was reared in a Buddhist temple at Kioto.

The "Outline of History of Education in Japan" states that Nagata Tokuhon (Japanese) afterwards revived Japanese medicine, and taught nineteen medical doctrines, among them being the natural instinct (vis medicatrix naturae).

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* A complete MS. copy (several volumes) is in the University of Pennsylvania medical library.

Europeans first appeared in Japan in 1543 A. D.; Portugese navigators from Goa. After them came Francis Xavier, with his Jesuit disciples who introduced christianity in 1558 A. D.

The first hospital of European surgery was instituted in Japan in the year 1559 A. D., and many medical schools and colleges soon taught European methods of practice, notably the Jesuit native school of Namban, which became a system, and handed down its European early teachings. Dr. Whitney says that it was known as the Namban jin or "school of Southern barbarians."

Dr. Nagayo has alluded to this school and its teachings, and to some "Italian," (Arai) teachings, which remained even after the expulsion of the Jesuits.

In Dr. Whitney's "Notes" there is a compilation of Chinese and Japanese medical works and translations, from various Japanesee library at Pekin, China. Also lists of medical works mentioned in Dr. Wylie's "Notes on Chinese Literature," and by Paon-Tso-Hwang (Ho-so-Kuwan), in his article on Chinese medicine (page 293), recently published in the Han-Pao, Shanghai. In all 1541 different works, of which 1078 are Japanese, and 473 Chinese, written upon subjects as follows: Acupuncture, etiology, anatomy, biography, bibliography, botany, catalogue, colds and fevers, children's diseases, cholera infantum, clinical medicine, cauterization by moxa, commentary, collection of reports, cyclopedia, diseases of cattle, dentistry, diarrhea, diagnosis, dictionary, elementary, epidemics, explanations, fevers, fractures and dislocations, general surgery, history, intermittent fever, kakke, leprosy ,medical wieghts and measures, medical rules, medical commentary, medicine, malarial diseases, materia medica, measles, medical history, nosology, nervous diseases, obstetrics, ophthalmology, pathology, physiology, popular medicine, prescriptions, pulse, surgery, shampooing (massage), smallpox, syphilis, symptomatology, therapeutics, veterinary medicine, water cure, woman's diseases, wounds and sores (skin diseases). Besides which, curiously, volumes on the following subject: Bear's gall, used quite extenively in Japan as a witch unguent to ward off smallpox. A smudge is made on the forehead with the finger smeared with it. This is not the only gall there. Fevers, a multitude of books on this subject; the earliest dated in the eleventh century; others dated 1203 A. D., 1341 A. D, and to modern times; parasites, ancient medicine; charms (not female); colic and aneurism; venesection; diseases of the ear; tetanus; mythology; medical philosophy; emetics; medical superstition; hemorrhoids; topographical anatomy; cholera; diseases of the throat; treatment of dog-bites; musk; sores of eyes and arms; epilepsy; treatment of emergencies; shower-bath; artificial respiration; foods; ginseng; jurisprudence; pharmacy; diseases of the arms; hydrothorax; hydrophobia; (quite an extensive array of volumes on this last, dog, cat and rat-bites being common in Japan, and China; hydrophobia is said to be epidemic at times; but I never saw it in Japan; cookery (a medical dissertation on cheese!) from Japanese milk of human kindness! probably, as cow's milk, was not used in Japan); anatomy of the horse; medical ethics (mirabile dictu!); cancer; phthisis (but one volume, yet the disease is wofully prevalent and ancient); medical talks; manufacture of sugar;

hygiene of children; three volumes on ulcers and diseases of uro-genital organs, and thirteen volumes on syphilis, dated 1767 A. D., down to 1843 A. D.

Dr. Whitney says: "The works on Western medicine and allied sciences are, for the most part, translations or compilations from foreign writers." A list of such works used in government schools contains not a few familiar names, such as Barker and Quackenbos on Natural Philosophy, Roscoe and Fresenius on Chemistry; Smith and Gray on Anatomy; Herman, Becker and Huxley on Physiology Neimeyer on Practice of Medicine, and Loomis on Diagnosis.

The catalogue of Maruya & Co., the largest book sellers in Tokio, gives the following number of foreign medical works on each of the subject mentioned below: chemistry, 54; anatomy, 36; physiology, 36; pharmacy, 61; practice of medicine, 13; diagnosis, 22; surgery, 41; obstetrics and gynecology, 14; children's diseases, 14; sanitation and hygiene, 44; ophthalmology, 13; otology, 1 (diseases of the ear are widespread too!); dentistry, 4; specialties, 45; dictionaries, 6; medical jurisprudence, 10; veterinary medicine, 11; miscellaneous medical works, 57. Besides these there are the medical publications of the army, navy and home departments, and medical periodicals.

To wind up: mercury was used in Japan as early as the Wake and Tamba systems of medicine. The Japanese derived their knowledge of its use from the Chinese of the Sui and T'ang dynasties, 589 to 907 A. D. (After the Portugese-European rise of the Jesuit "Namban" (barbarian) school of Western medicine, 1580 A. D., came the Dutch physicians, and their influence, 1580-1600 A.D. These Jesuits and Lutheran antagonists, warring, for church supremacy, retarded the advance of European medicine in Japan. The Jesuits were finally massacred or expelled, and the Dutch imprisoned outside the gates on the Island of Dejima, opposite Nagasaki, where they remained for 200 years. In 1751 A. D. there developed in the Japanese a translation era, when Dr. Mayena, and Dr. Sugita (to the latter belongs the greater prominence) translated many Hollandish medical works.

Besides works on anatomy practice of medicine and treatment of sores (skin diseases), Dr. Sugita wrote himself the following treatises: "Night Talks with a Shadow (ghost)," "Seven Hindrances to Hgyiene," "The Guardian Grasses," "Precious Miso" (a sauce made from "soy" beans, which probably refers to the spiritual "sauce" in Japanese medical teaching.),, "Soliloquy of an Octogenarian." The Dutch influence remained paramount until Commodore Perry's advent, in 1854. Then American medicine entered Japan. As soon as we had blazed the way through the dusky medical atmosphere, the Germans came. These three influences, Dutch, American and German, in the order named, maintained supremacy until 1879, when all foreign medical men, excepting those whose wives were native women, or who were otherwise naturalized, were dismissed. Now all is cocksure Japanesee. They believe that they no longer need teachers The present "improved" medical science of Japan dates only from the beginning of Mitsuhito's reign, 1868 A. D. It is far from perfect. To know how little like ours it is. one must live there.

President's Address.

By John C. Murphy, M. D.,

ST. LOUIS, MO.

Read before the Tri-State Medical Society, at Chicago, April 3, 1902.

MR. CHAIRMAN and Gentlemen of the Tri-State Medical Society:—I wish to express my high appreciation of the honor you have conferred upon me in electing me to the highest office in this society. It is an honor that any man should be proud of, and I value it beyond any other distinction of my professional career. It is the custom for the retiring president to address the society on some subject of interest to us all, and I have chosen to make a few remarks on higher medical education, which I hope will not come amiss at this time. I feel that this society as an exponent of advanced medicine should place itself on record in approval of anything that would tend to elevation of the profession. The vital factors in medical education are the teacher, the student and the college. To the first named we will now give consideration. A man who aspires to teach others should himself have a thorough understanding of what he attempts to teach, and should be chosen on account of his special knowledge of some particular subject, and not on account of his ability to buy stock in the college. I have known instances where a professor would start the school year as a teacher of chemistry or histology, and end it as a full fledged professor of gynecology or abdominal surgery. It is seldom that nature endows one individual with such versatile talents as to make him equally successful along all lines. Intellectual development is of slow growth and cannot be accomplished by any short cut or instantaneous process. It is only by concentration in some particular channel that one can hope to become a peer among his fellows and rise above mediocrity. In the large universities a man who hopes to become a professor has to first obtain his A. M. or Ph. D., then he begins as a tutor in his particular branch, later becomes a lecturer, and finally after a process of several years he is made a professor. He may have had to spend from ten to fifteen years as an understudy before he is considered qualified to be the head of a department, and in order to retain his position and show that he is progressive he must publish some original work at stated intervals.

If such requirements are exacted of general educators how much the more necessary is it that the medical teacher should have a proper preliminary training. No man can hope to turn out a finished product, unless he himself is finished. The professor of medicine is not preparing his pupil to become a mere artisan, he is fitting him for the noblest work of mankind; to alleviate human suffering; to be the mediator between life and death. He is God's architect who gives him the solid ground of man's intellect, to erect thereon a monument that will endure for all time, for good or evil. We are all imitators; the student watches carefully the every movement of the master, his personal attributes as well as his professional attainments, and he tries to follow in his footsteps, which simply serves to illustrate the great influence the teacher has in molding the character of

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the future doctor, aye I might even say his successor, as the student of today may be the teacher of tomorrow. So you see the great responsibility that rests upon the medical educator. If his work is well done as he approaches the end of his career and takes a retrospective glance down the vista of his life, he sees here and there young intellectual giants of his own creation, ready to continue the work he has so well begun, to perpetuate his name, and enjoy and transmit the heritage of his genius. And he closes his eyes in that sweet dreamless slumber called death, happy in the thought of a work well done, and confident of a higher and more lasting reward in the spiritual life to come.

We must now consider the student. It is he who is the very center of the arch; the keystone of the structure without which all must fall.

This age abounds with many opportunites for the earnest worker along the various avenues of science, but there are none which offer greater opportunities for renown than the science of medicine, the science of the saving of human life. We read of the Hall of Fame where tablets are graven in commemoration of great generals and heroes of wars, great statesmen and inventors even of weapons of destruction, with one discharge of which they could destroy a score or more of their fellow-creatures. I believe my friends that fame as it is usually understood is a misnomer. Men should be famous for the good they do to others. There are more heroes in the medical profession than in all the armies of the world. Men who every day risk their lives amidst scenes of pestilence and disease that others may live. The man who goes forth to wage war on disease is a greater hero than Alexander or Julius Caesar. The doctor oft steals out in the stilly hours of early morn when nature sleeps and all is quiet, his footstep keeps time to the beating of his heart. He may be going to fight a hand to hand conflict with death, or perchance to usher into the world a spotless infant soul fresh from the hands of God. His greatest acts of heroism and self-sacrifice are ofttimes little appreciated, and known to none but himself. His reward may be only the knowledge of a work well done.

So I would say to the prospective medical student; let him think well on what he is about to undertake, before he begins to dissect others, let him metaphorically dissect himself, and see if he possesses the moral and intellectual attributes necessary to success. A proper preliminary education is as requisite to the student of medicine as fertilizer is to the soil. The soil of the brain must be carefully prepared for the seed if you would reap a bountiful harvest. Whoever heard of an American beauty rose growing in a desert? To be sure something will grow there, but it will not be beautiful, instead you will see wild cacti and sage brush. The product of the soil is like unto itself, either beautiful and cultured or rough and uncouth. There is no midway, if we have that within us which is capable of development we will by force of superior intelligence forge to the front and occupy a position in the front rank. If not we will surely lose ground, and sooner or later will gravitate into a state of oblivion from which there is no hope of rescue. So let those who contemplate devoting their lives to the profession of medicine bring to its study a brain that is

already fertile from a proper preliminary cultivation. And then they can rush into the fight undaunted, and say to themselves, in the language of the ancients knights, "Our business is like men to fight, and hero-like to die." But they will not die, but will fight on to the end and come out of the strife wreathed in the laurels of victory, a credit to themselves, their profession and their country.

This country can boast of some of the greatest medical centers in the world, but unfortunately we also possess some of the poorest. It is not necessary for the welfare of humanity that every village and hamlet should have a medical college. To my mind the medical college should not exist as a separate, distinct institution, but should be a department of a university for general education. If the past century has been pregnant with promise of great scientific advance it remains for the present one to still farther nurture the bud of knowledge until it too develops, not. mature, perfection. The science of medicine and surgery while it has almost reached a perfect and exact stage still has many hidden mysteries yet to be revealed.

The world of the microscope alone is only half explored, and holds many secrets for future generations to unfold. If there are to be other Virchows, other Senns, other Kellys and other Oslers to take their places when they are gone it remains for the medical college of today to furnish the material out of which they are to be evolved. The whole future of medicine and surgery for centuries to come depends on the medical educators of today. The training of a doctor is like the training of an infant, it must begin with his ancestors in order to be successful. The parent from whom he comes must be healthy in mind and body if the offspring would be likewise. The course of four years in college is to the student what the period of prenatal existence is to the infant, a time of development and preparation for an independent life. What does the term alma mater signify but loving mother. If we would have our children do us credit we must have a care as to the kind of material we chose for their making. We must not be like the fishermen who let down their drag-nets and gather in all that are caught in their meshes. Unfortunately, too, many colleges pursue this method and cast their nets in the form of enticing literature to tempt the smith from his forge, and the husbandman from his plow, where nature intended them to remain. They come, they see, but they conquer not. Their cherished hopes are blasted; their desires unsatisfied; their time wasted. All they have to show for their endeavors is a worthless piece of parchment bestowing a worthless title. The great percentage of them must go back to the forge and the plow or starve.

I speak thus from seeing so many men allured into the study of medicine (on account of the literature spread broadcast by the colleges) who have not had even an ordinary school education as a primary requisite. I was present a few years ago at a college commencement where 214 students were graduated with the degree of M. D. There had been no failures. I do not believe that such a number of men gathered in from the highways and by ways could successfully pass an examination of any severity. What is the secret? It is the commercialism which has crept in to the medical

colleges. Graduates are turned out who have no ability themselves, and they become mere drummers for the college professors. The more half-educated men graduated the better it is for Prof. Laboratory and the other distinguished specialists. If the graduates were well educated gentlemen it might work a hardship on the professor's bank accounts, but what a boon it would be to the eighty millions of unsuspecting public. When all medical colleges become departments in endowed universities, and the professors are paid for their services, the sooner will commercialism be eliminated, and we will soon have less colleges and better doctors. And the medical profession will not be long in again establishing itself upon the high pedestal of honor it once occupied. The march of disease will be stayed, and as a people we will become as were the ancient Greeks, marvels of beauty and towers of moral, intellectual and physical strength. And we as physicians will have the welfare of a grand and glorious nation in our keeping.

Cataract Operation in the Very Old.

By Albert B. Hale, M. D.,

CHICAGO.

Read at the Chicago meeting of the Tri-State Medical Society, April 4, 1902.

METHUSELAH lived to be 936 years old. Tradition does not state whether or not he was blind, nor do we know what was the condition of ophthalmology at his epoch, yet I dare say that the lens would have shown some opacity if not a mature cataract in one eye or the other. Had the good man lived to be 1000 or 2000 years, sooner or later the time would come when the lens would have ripened, for I believe that a cataract is inevitable to old age, although we may not know what is the factor in old age which favors opacification.

Within the ordinary limits of modern human life opacities in the lens become more and more frequent as age advances, so that a goodly proportion (6 per cent to 12 per cent, Norris and Oliver's System, Vol. 4, p. 323) of eyes beyond the sixties either show spokes or areas of dullness in the lens, or they become blind by this purely mechanical interference with the passage of light rays to the retina.

Fortunately, however, the eye is more amenable to the laws of physics and more under the control of mechanics than any other organ of the body. A stiff joint is not a poorly acting machine—we cannot take it apart or loosen a valve or pour oil into a rusty hinge; we can treat it only through the blood; but though we cannot influence the lens through this fluid—at least not to any appreciable extent—we possess the power to remove this obstruction to light and to replace the old worn out lens of the eye by a new, transparent and useful equivalent of glass. The only difference between the problem in the workshop and that in the hospital lies in the vital connection between the eye and the body, of which it forms a part. Our mechanical repair may be accurate and timely—but how nearly

worn out is the organ, how much resistance has the individual to the interference of surgery, as extreme old age advances?

As the technique of surgery improves, operations on the body at one time considered formidable or impossible are now done with security and even ease, so that a patient need not suffer if pain is the accompaniment of his illness. In the same way, the old patient with cataract need not be hopeless nor grope his way through the feeble remaining years of life, resigned, as is often said, to the will of God that blindness is often added to the other or unavoidable ills of senility.

Celcius warned against the cataract operation in old age (Hirschberg Geschichte der Augenheilkunde i. A., p. 183). Reclination has here held its own (Centralblatt fur practisch. Augenheilkunde, August, 1901, p. 232)

Old age cannot be well defined; some persons are agile and youthful at seventy, others are decrepit and helpless at sixty. Much depends upon the environment, the heredity factor and the work they have been obliged to perform in earlier life. Yet I trust that no one will gainsay me if I begin at eighty to list the individual among the very aged.

It is then a few cases of cataract operations on persons over eighty which I wish to report and to compare them with results obtained by operation on patients not much beyond their prime.

My *first case* was a man of 91, Mr. D. (365), full-blooded, childish. Right eye—V. fingers at 1 meter, maturing cataract. Left eye—V. good projection, but mature cataract. There was no astigmatism in either eye. On the right I made a linear incision with iridectomy; on opening the capsule with the cystotome the lens disappeared into the vitreous, and some vitreous escaped. This showed a rupture of the suspensory ligament and such a relaxed condition of the eye that I did not dare use a spoon. The wound healed promptly with no pain but the iris would not react to atropin, and the capsule was so thick that vision remained as it was before. He died of veritable old age before he could be made to understand that I wished to try capsulotomy, and an operation on the other eye.

Second Case.—Man of 81, Mr. P. (662a), active, intelligent. Right eye—V. projection good, fully mature cataract. Left eye—V. fingers at 2 meters immature cataract. In the right eye there was astigmatism of $\frac{1}{2}$ D., axis 180 degrees. The iris reacted imperfectly to atropin. I operated with iridectomy, successfully. Healing progressed smoothly with practically no capsular opacity remaining. When the first prescription for a lens was given the pupil was quite clear, the fundus normal, but the ophthalmometer showed an astigmatism of 10 D. at axis 180 degrees. V. (1-45 naked eye) was 6-15 by +10 D. +6.0 Dcyl., axis 180 deg., and by adding +4.0 D. to this, he could read J. 4 and 5, play cards and is quite independent.

Third Case.—Woman of 81, Mrs. B. (706), feeble in body and not active in mind. Ten years before she had had an inflammation in the left eye (iritis?) cured by a charm! but all sight had been lost. She had not seen well with even the right eye for years, but for some months the remaining sight had been rapidly disappearing. Right eye—V. moderate

light projection, mature cataract. Left eye—V. amaurosis. There was no astigmatism in either eye. Operation on the right eye with iridectomy, releasing large nucleolus.

The reaction about the lids was severe, due to the pressure of the speculum and to the general flabbiness of the tissues, but the wound healed normally with no iritis, so that after ten days she wore smoked glasses. The capsule was somewhat thick, but what fundus could be seen was normal. Two weeks after the operation the ophthalmometer showed 10 to 15 D. of astigmatism, but the axis could not be exactly determined. In this case vision was at first poor, as the retina had to be re-educated, for she had been blind so long that the retinal function lay dormant with the increasing feebleness of the patient. She was obliged to go to her home in the country before I could prescribe the proper glass, but I have heard from her a year after the operation, and she could see and read a bit, even wthout correction of the astigmatism. I think I am entitled to enter her vision as 6-18, although I cannot prove it.

Fourth Case.—Woman of 80, Mrs. T. (723), hard-working, active, mother of twelve children. Eyes began to fail four years ago. Right eye—V. fingers slowly at one meter; mature cataract. Left eye—V. fingers slowly at one meter; immature cataract, but signs of old iritis with visible choroidal changes. There was 1 D. of astigmatism axis 160 degrees in the right eye, and the iris responded smoothly and full to euphthalmin. I operated on this eye with iridectomy. Iritis followed but subsided, leaving the cornea above the coloboma usurped by sclerotic tissue and some iritic adhesions to the capsule. Six months after the operation the ophthalmometer showed 4.0 D. of astigmatism axis 170 degrees. With +10.0 D. +3.0 Dcyl, axis 170 degrees V. =3-30; by adding +4.0 D. she threads a needle, and as this was her greatest hope before the operation, she was quite satisfied.

Fifth Case.—Woman, age given at 120, but authentic evidence that she was over 100. Mrs. J. (734) negress who had had hard physical labor all her life, besides being the mother of 13 children; she smoked up to one year ago, and then gave it up on account of the eyes. General health good, active mind, but very sclerotic arteries. Right eye—V. fingers at one meter, maturing cataract, old iritis. Left eye—V. good projection, lens thoroughly opaque, iris reacts well to euphthalmin. The left eye had astigmatism of $\frac{1}{2}$ D. axis 180 degrees. I operated with a broad iridectomy and released a large nucleous; the wound was slow to heal, and the anterior chamber slow to refill, but there was no reaction; the media were decently clear, but the capsule showed some dffuse cloudiness. Six months after the operation the ophthalmometer showed an astigmatism of 6.0 D. axis 30 degrees, and there was V.=4-30 (illiterate) by +10.0 D.=+2.0 Dcyl. axis 30 degrees. Even without the lens she sees better with this eye than with the left.

Sixth Case.—Woman of 80, Mrs. W. (735) in good health, mother of five children. Eye trouble for thirty years, and for ten years the left eye has been useless. Right eye—V. 6-18, some areas of opacity. Left eye

—V. poor light projection, pupil dilates well to euphthalmin, intensely white capsule. The left eye had no astigmatism. I operated with an iridectomy, but on opening the capsule the release of the black nucleus was followed by a gush of thick, chalky looking cortical matter, leaving behind the thick, opaque capsule. Healing was normal, but the capsular opening was so small that no improvement in vision was obtained. A second operation was not permitted.

Here I have six cases, four women and two men. Two at 80; 2 at 81; 1 at 91, and 1 at say 100.

Good results	2
Satisfactory results	1
Poor results	1
Disastrous results	1
Incomplete results	1

Greater experience and boldness might have resulted in better results in cases 1 and 6. Technique is here even more important than in younger and more robust patients, and yet this does not compare discreditably with many reports of operation upon patients in the decades between 50 and 70.

My conclusions from this experience are as follows:

1. Tissues in the old are apt to be friable and the cataract overripe.
2. The optic nerve and retina need not necessarily be impaired and an operation gives promise of materially improving vision.
3. Patients stand the operation surprisingly well, and it is followed by but little reaction.
4. Every case of cataract in the very old, if the retina and nerve seem to functionate well, should be given the chance of an operation.
5. It should be carefully remembered that in the very old the suspensory ligament is apt to rupture, the lens to be overripe and the capsule to be unusually thick and tough; when operating on such a patient, therefore, everything necessary to meet these emergencies should be in readiness.
6. Repair proceeds slowly, but as securely as at an earlier age.

The experience of others with greater opportunity is not uninteresting. Mendel reports from Hirschberg's clinic (Centralblatt fuer practisch. Augenheilkunde, August, 1901, p. 232), 36 cases between 80 and 90, with 94 per cent of satisfactory vision, but no accurate measurements are given. He adds there is no need for unfavorable prognosis in the operation on the very old.

Hasket Derby, in the Boston Medical and Surgical Journal, September 26, 1895, page 319, reports 34 cases between 80 and 90, with 85 per cent entire success, 6 per cent partial success, 6 per cent failure and 3 per cent unrecorded. His measurements are not precise, but the standard for entire success is one-half.

Charles Higgins in the London Lancet for August 11, 1894, reports from Guy's Hospital 19 cases between 80 and 90 with 17 successes (in a surgical sense,) but his visual standard ranges from 6-36 to 6-12.

103 State street.

A Sporadic Case of Infantile Myxedema Resulting in a Cretinoid Condition.

By James Frederick Clarke, M. D., and William McGrew, M. D.,

FAIRFIELD, IOWA.

Read before the Tri-State Medical Society at Chicago, April 4, 1902.

THE subject of the accompanying photographs and brief history, Emma M. M., is as far as reported, a unique case for Iowa. (Cases 34 and 35, Osler's "Sporadic Cretinism in America," reported by Dr. Kessel, not being of the infantile type).

This girl was born on a farm in Van Buren county, Iowa, February 15, 1881, the third of five children, the brothers and sisters being normal in all respects. A careful study of the family shows no hereditary tenden-

Nine months.

cies to abnormalities, mental or physical, and no other case of abnormality of the thyroid gland. The home is in a healthful location and in a sanitary condition. The mother at the time of conception and during pregnancy had good health and no accident or injury that could be remembered, except that during the fourth month she drew a heavy bucket of water from the well, which act brought on a slight uterine hemorrhage. She remained in bed a few days thereafter and felt no bad effects from the accident. The labor was short and normal and without instrumental interference. The baby was well developed and not noticeably different from the other children, except that she weighed but eight pounds, while all the other children weighed nine or ten pounds at birth.

Fifteen months.

Three years.

Seven years.

Nine years.

Seventeen years.

December 10, 1901, taller sister, 17 years.
E. M. M., 20 years and 10 months.

20 years and 4 months. June 24, 1901.
Treatment begun.

20 years and 4 months. June 24, 1901.
Treatment begun. (Side view.)

The mother nursed this child for two years. Nothing abnormal was noticed in her development until she was one year old. Her appetite, however, was poor from birth. At the end of the first year the feet became swollen and pitted on pressure. The family doctor called the trouble "dropsy." The child began to walk at 15 months, as did the other children. She began to talk at 12 months; in this not differing from her brothers and sisters, but she did not cut her first tooth until one year of age, while the other children all began the first dentition at about four months. Between the first and third year the "bloating" extended from the feet to the body and then to the face, the swelling finally leaving the feet.

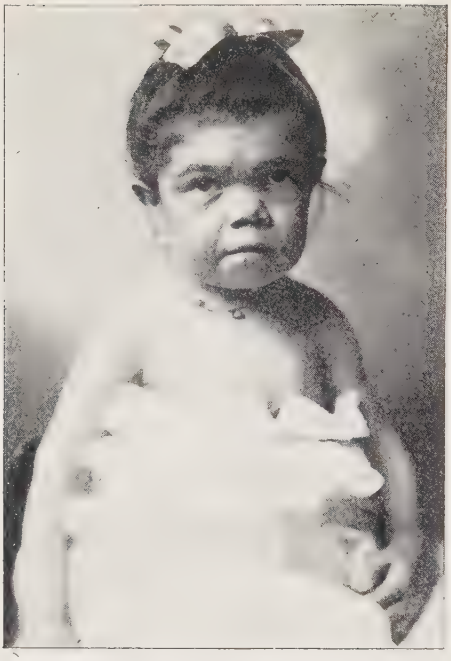
During childhood she had the mumps, whooping-cough and chicken-pox, and at two years she had "malaria, which lasted three or four weeks. This was continued a fever of a mild type, acquired while on a visit to Kansas, and it soon subsided on her return home.

From the end of the first year the mother noticed less animation than in the other children, but this child played about in a natural way until three years of age, at which time she learned her letters. After her third birthday she preferred to sit still and watch the other children play. She grew in height and weight as other children to the third year, and continued growth, though at a much slower rate, to the sixth year. From then on she increased none in height until after thyroid feeding was begun after her twentieth year. Her weight increased some, until a maximum of 40 pounds was reached about her sixteenth (?) year. It remained at this point with little variation until the late treatment was begun. She always had a good growth of hair on the head.

At 17 years of age her second teeth began to cut, but of these only three penetrated the gums until after the thyroid treatment. From her tenth year on she would sit in her chair all the time unless urged to move, though able, she did not care to walk. She spoke rarely, and only in answer to questions, saying she was "too tired to talk." She never had convulsions and had no sickness not already mentioned. There was no salivation, no strabismus and no menstruation. The appetite, never good, became very poor at about the tenth year, and with the small eating was a persistent constipation, relieved by medicines. She depended mainly on bread and potatoes for food, and had a craving for acid fruits and sour foods, such as pickles. She did not eat meat, being unable to chew it. The kidneys and bladder were always in normal condition, so far as the mother could tell. During the last year before the treatment was begun the stupor, constipation and general condition "grew much worse."

On June 24, 1901, this girl, 20 years and 4 months old, was first seen by us professionally, and thyroid feeding was begun June 30, 1901. One-half of a thyroid tablet was given after each meal, and this was gradually increased until at the end of two weeks she was taking two tablets after each meal (or the equivalent of 30 grains of the fresh gland, in a day).

The patient's condition June 24, 1901, was as follows: Height, in shoes, $36\frac{1}{2}$ inches; weight, with clothing, 39 pounds. She appears like a child of 5 or 6 years of age, but expressionless, apathetic and with the usual characteristics of cretinism. The skin is dry, harsh and sallow; the



September 4, 1901. Thirteen weeks' treatment.

September 4, 1901. Thirteen weeks' treatment. (Side view.)

October 24, 1901. Twenty weeks' treatment.

October 24, 1901. Twenty weeks' treatment. (Side view.)

December 10, 1901. Twenty-seven weeks' treatment.

December 10, 1901. Twenty-seven weeks' treatment. (Side view.)

March 25, 1902. Nine months' treatment.

March 25, 1902. Nine months' treatment. (Side view.)

subcutaneous tissues are myxedematous. The sutures and fontanelli of the head have closed. The eyes are half open, but vision and hearing are not impaired. The mouth is large, lips thick, nose flattened and broad and the skin of the face wrinkled. The hair is dry, long and abundant, but coarse and lifeless. Three second teeth and most of the first are present, though the latter are badly decayed. The neck is short and thick, with no discoverable thyroid gland. The shoulders are stooped. The belly is large and tumid and the legs are bowed. There is no salivation; the tongue does not protrude. She sits in an apathetic condition and speaks only in answer to questions, but knows many words. She walks about only when urged to do so, and then with a waddling gait. There are no signs of puberty. The pulse is 80 and weak. The disposition is good; she does not cry; the voice is low, harsh and characteristic of the condition. Two weeks after the beginning of the thyroid feeding, improvement was noticed. The appetite became better; there was a loss of weight, more animation and a change in expression. The change, which has been continuous, is shown best by the photographs taken at intervals, and by the following table of variations in height and weight:

	WEIGHT	HEIGHT
June 24, 1901	39 pounds	36½ inches
July 19, 1901	36¼ "	36½ "
August 12, 1901	35⅞ "	36½ "
September 4, 1901	36 "	37 "
October 25, 1901	39 "	37⅛ "
December 30, 1901	40 "	38½ "
March 25, 1902	41 "	39¼ "
Normal for girl five years of age	39⅔ "	41 "

WM. STEVENSON.

Increase in height, 2¾ inches in nine months.

The normal increase for a girl from the fifth to sixth year is 1.94 inches, then two inches for each year to the tenth; from the eleventh to the twelfth is 2.51. There is no increase after the seventeenth year. (STEPHENSON.)

Clinical Notes.—October 25, 1901. The old hair is falling out and new, light, fine hair is coming in. She now plays about all the time with other children, and appears like a child five years old. She laughs, smiles often, talks more and eats heartily. No laxatives have been needed for the past two months. There have been no bad effects at any time from the thyroid feeding. The myxedematous condition has, to a great extent, disappeared. The skin is soft and normal.

March 25, 1902.—The old hair is all replaced by a fine, soft hair, showing none of the former harshness. The first teeth have all been replaced by the second dentition. The child now smiles frequently, talks almost continuously at her home, and shows animation and intelligence. The voice is still low, but much changed. The legs are yet bowed and the gait waddling. She has worn out in a short time the first pair of shoes ever so worn, since she has never before walked enough to injure her shoes. There is no growth of public hair, and their are no signs of menstruation. The appetite is very good and the general health excellent.

Perhaps the chief value of this report is due to the fact that the intelligence of the mother of the patient has enabled us to record a history of considerable detail. The quite complete series of photographs show the normal condition as a baby, the gradual degeneration from the third year

and then the marked improvement following thyroid feeding. It has been thought unnecessary to give any more detailed account of characters typical to the condition and well studied in many other cases. The lessening in the rapidity of growth now leads us to be guarded in prognosis as to any remarkable increase in height to be attained, but if nothing more were accomplished than we at present see, the debt of the mother's gratitude to Murray and others who have shown the value of the thyroid treatment, should be unbounded, for in place of a vegetating imbecile, she has a bright and happy child who fills the home with joy.

DISCUSSION.

Dr. F. P. Norbury: I have been much interested in the report of this case. In 1895 I was consulted by Dr. Vinke, of St. Charles, Mo., regarding such a patient; a boy not quite as old as the patient reported by Dr. Clarke. He was about nine years of age, the son of a woodsman living down on the bottom lands of the Missouri River. Thyrodin made by Parke, Davis & Co. was prescribed. The boy, a cretin imbecile from birth, by the continued feeding of thyrodin, became a fairly bright child; he lost most all of the characteristics of his former state; he lost in weight; gained in height; the scurfy skin which had been very thick and dirty, became more normal in appearance; the hair which had been dry and coarse was replaced by a growth of fine normal hair. What his condition is now, I do not know, but the patient's friends were informed that the feeding of the thyrodin must be continuous; that it had to be a feature of the whole life history of this case. The results of thyroid feeding have been very successful and remarkable in these cases. The first cases reported in this country were by Dr. Osler. The case I mention was the first one reported west of the Mississippi River.

Dr. Harold N. Moyer: There is really nothing much to discuss about the case we have just heard reported. It is, in many respects, quite out of the ordinary. The doctor is to be congratulated on having caught so rare a bird and photographed it so enthusiastically.

Dr. J. Fred Clarke: I believe that I should say the same, Mr. President.

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Doctor—I think you understand fully now the directions for these medicines, and this is for your dyspepsia.

Patient—Why, I haven't dyspepsia, doctor!

Doctor—Oh I know, but you will have it when you have taken those other medicines.—Tid-Bits.

AT THE DOCTOR'S EXPENSE.

Patient—"Vat! Do you mean to sharge me two tollars to visit?

Doctor—That is my regular rate to everyone.

Patient—Yase, but I indroduced der disease into der neigborhood!—Life.

Monographs on Nervous Diseases

With Especial Reference to Hygiene, Nursing and Therapeutics.

Hydrophobia.

By F. Savary Pearce, M. D.,

PHILADELPHIA,

Professor of Nervous and Mental Diseases in the Medico-Chirurgical College of Philadelphia; Neurologist to the Philadelphia Hospital.

HYDROPHOBIA or rabies is a convulsive disease produced in the human being by the virus of a rabid or "mad" dog. The disease primarily must originate *de novo* in the canine more particularly, the infection being more frequent in hot weather when the condition of the blood of the animal favors the growth of the germ which has not yet been isolated. The name hydrophobia is a misnomer, in the fact that the patient does not have the fear of water, *per se;* but in the symptomatology of the disease, the spasm of the pharyngeal muscles prevents deglutition and makes the swallowing of anything difficult or impossible. The usual method of inoculation in the human being is by means of the bite of the rabid or delirious dog. As a rule, the wound is slight and little attention for this reason being paid to the point of infection. Where the wound has been opened, or the wound has been cauterized immediately after the inception, the less the possibility of development of rabies following the bite of an animal suffering from hydrophobia

Symptoms.—Development of the symptoms of rabies takes place seldom sooner than six weeks or after three months from the date of infection. The patient is suddenly seized with extreme nervousness and excitability; the muscles become rigid, especially those of mastication and the constrictors of the pharynx; the head is drawn back in tonic spasm. The patient complains of his inability to use his extremities well, on account of "stiffness"; the mental anxiety progresses out of proportion to the severity of the disease apparently; and in these cases, no doubt, the apprehension of the terrible malady produces a species of hysterical insanity complexing the rabies. Within a few hours, the patient may go from the tonic convulsion into violent clonic spasms; and these may be brought on, too, by slight sources of reflex disturbance, such as loud noises, sudden throwing of light upon the patient's sensitive retina, or as in attempting to catheterize the patient, which is sometimes is necessary, due to spasm of the sphincter vesicae; all of these reflex convulsions being the result of excitation of the hypersensitive special sense and general sensory neurons. The patient's mental condition gradually becomes maniacal, and he tosses about the bed in fear and delusion; there is a prominent feeling of impending death due to contraction of the throat muscles, and those of respiration and even the diaphragm; while the cardiac arhythmia and cramp

produce symptoms allied to angina. Any attempt at swallowing, as before indicated, will cause an aggravation of the throat symptoms, although the natural desire to obtain liquids is really nature's only hope of producing dilution of the poison in the system which is defeated by the inability to perform the act of deglutition. Opisthotonos is not an unusual position for a body to assume in the interim of clonic spasm, the trunk rigidity always remaining with but little relaxation. Or the body may be drawn in emprosthotonos or pleurosthotonos, depending upon the muscles of the trunk more particularly affected. This sudden cramping of muscles in the various parts of the body causes violent pain which, if the patient is not entirely *non compos mentis*, will produce evidences of extreme suffering in the face aside from the general spasm of muscles of expression. The temperature rises in irregular fashion to 103 to 104, and is proportionate to the degree of infection, especially to involvement of cerebro-spinal meninges. If the patient does not die of exhaustion in the convulsions at the end of the third day, the paralytic stage sets in, the temperature drops, the muscles become flaccid, the patient enters into low muttering delirium in profound unconsciousness, showing the great irritation of the cerebral cortex; finally he dies of exhaustion, the heart generally stopping before respiration has ceased.

Diagnosis.—The only disease with which it can be confounded is the one we shall discuss, tetanus; symptoms of which when given, will set right pretty accurately, this differentiation which lies particularly in the mode of infection and in the stage of invasion of the acute symptoms.

Prognosis.—The prognosis of hydrophobia is almost universally fatal; some mild cases have no doubt recovered from treatment just as I have seen occur in tetanus under most active therapeutic measures.

Treatment.—Treatment is preventive, the antitoxic method discovered by Pasteur being the only one known certain of saving the patient. It should be resorted to immediately upon learning the true nature of the disease in the animal that has been the source of infection; and in view of the severity of the malady, should be done without delay where there is any suspicion or doubt. The anti-rabies serum should be injected according to the dosage prescribed by the laboratories where it is prepared; that of Gibier in this country being the most desirable product. Treatment after the development of the disease, is entirely symptomatic; the use of cannabis indicae; of the calabar bean; the bromides; and chloral being indicated; guarding the patient from noises or extremes of light or cold is an essential point in amelioration of the terrible symptoms of this, until recently, incurable disease.

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Injection for Gonorrhea.

℞ Zinc Sulphat..... gr. x-xii
Bism. Subgallat..... ʒii
Ext. hydrastis fld. aq..... ʒiv-viii
Aq. Calcis.....qs. ad ʒvi

M. S. Locally 3 times daily.

MEDICAL MISCELLANY

Poisoned to Save Expense.—A Chinese boy was brought into the Pekin Hospital terribly injured by a heavy log falling upon him. The doctors, to save his life, cut off his leg. The mother came, apparently to help nurse the lad. The patient, however, almost immediately afterwards died, and expert examination showed that his mother had given him arsenic. Her reason, it is supposed (says the Indian Medical Gazette) was to prevent her son from the disgrace of reaching the next world in a maimed condition. This is a very strong point with the Chinese, who always pickle an amputated member to have it buried with them when they eventually die. In this instance, the family being poor and a whole leg being difficult to pickle, the simpler course was taken of poisoning the boy, so that he and his leg might go together.—*British and Colonial Druggist.*

Pleurisy with Effusion.—William Henry Porter (Medical Mirror, January) gives some good advice as to the treatment of pleurisy with serous effusions. If seen early and before the accumulation of fluid has become large, he says, the free administration of cathartics, diuretics and diaphoretics, all given at one and the same time, will often cause a quick and permanent removal of the fluid, provided that the patient is also put upon a dry diet, which should be continued for some time even after the apparent disappearance of the fluid. The best cathartic in the beginning is a little calomel and jalap. For diuretic purposes, tincture of digitalis and the acetate of potassium should be given alternately every two hours, in free doses, for a few days An exellent mild diaphoretic is the spirit of ammonium acetate. A fly blister over the site of the fluid accumulation frequently aids materially in freeing the occluded lymphoid spaces in the pleura. Failing to secure re-absorption by these methods, the sooner the fluid is withdrawn by the aspirator the less the liability to recurrence of effusion and permanent damage to the lung by prolonged compression.

Tuberculosis Among Our Seamen.—With a view to aid in preventing the spread of tuberculosis among seamen of the merchant marine, Surgeon-General Wyman has issued (Philadelphia Medical Journal) a circular letter to commissioned officers and acting assistant surgeons of the Marine Hospital Service directing that whenever a seaman suffering from pulmonary tuberculosis applies for treatment, notice shall be sent to the master of the vessel on which the seaman sailed preceding his application for treatment, and if this vessel is in port, the apartment formerly occupied by the seaman shall be disinfected under the direction of the medical officer with the consent of the owner. Thorough mechanical cleansing of floors, walls, and bunks with hot water and concentrated lye should be done; also the wetting of floors, walls, and bunks with either of the following solutions: Carbolic acid 1 to 100; or corrosive sublimate 1 part, hydrochloric acid 2 parts, water 100 parts. It is strongly recommended that forecastles or other apartments used should be painted or whitewashed after disinfection, if possible. A report of every vessel whose forcastle is disinfected is to be rendered to the Marine Hospital Bureau.

A mountain of arsenic has been discovered near Tacoma, Wash. This is said to be the first important body of arsenic found in America. The United States now imports nearly $1,000,000 annually, most of which comes from Cornwall.

Transmission of Consumption.— L. H. Behrens (Interstate Medical Journal, February, 1902) says that human sputum stands pre-eminent when tubercular in the transmission of consumption. Hereditary consumption is rare and can be dismissed with passing notice, but that the predispostion is inherited and that immunity is rendered to the offspring of the consumptive born during the disease of parent is far from being proven. The writer says that meat, milk, cheese, butter, etc., derived from cattle and animals infected whit tuberculosis, can produce tuberculosis in the human being. He says that laws more astringent regarding expectoration, isolation, inspection of animals, hygiene and sanitation should be enforced. If these were done Behrens says he thinks that consumption would belong to that class of diseases, such as scurvy, smallpox, cholera, etc., heard of frequently, but seldom seen.

Action of Tobacco on Microbes of the Mouth.—Tobacco smoke has long been esteemed by many to have a protective action in certain epidemics. Dunon, a French observer, has recently endeavored to estimate the true value of the idea by studying the action of smoke on the dvelopment and virulence of numerous organisms. He finds that whereas tobacco smoke has no influence on the development of the bacilli of tetanus, of typhoid fever, of streptococcus, or of tetragenus, it does modify considerably the development of the organisms of pneumonia, diphtheria, tuberculosis, grippe, and of the staphlococcus. It is therefore possible that tobacco smoking may have a valuable prophylactic function, and may be wisely employed by those attending certain diseases, in which the development of the infection occurs in the mouth.—*Med. Age.*

Vaccination.—The Medical Review quotes the following from the Newark Evening News: Vaccination makes one's arm sore. Smallpox makes one sore all over. Vaccination makes one feel bad for a week. Smallpox makes a man useless to himself or his family for months. Vaccination results fatally sometimes. It causes one death to 1,000 from smallpox. Vaccination is a scheme to help certain persons to make money. So is life insurance. Vaccination is the cheapest kind of life insurance. Vaccination is intended only for the very poor who live in unhealthy neighborhoods. Smallpox appears in the best of homes. Infection may be spread in churches, street cars, offices, restaurants. Vaccination, when compulsory, is an infringement on personal liberty. An unvaccinated person menaces the whole community's right to keep well. There is no positive cure for smallpox. Complete vaccination has never failed to prevent it. Ninety-five per cent of smallpox patients have not been vaccinated within ten years, or were never vaccinated. At this highest period in the world's enlightenment it seems that science has harder work convincing than discovering.

Dr. C. R. Dudley, former editor of the *Courier of Medicine*, left the city some days since for a trip to the ill-fated Martinique. The doctor is making his vacation trip combine change and hard work. He plans to lend his services, provided there seems to be occasion for him to do so.

Prize Essay on the Dangers from Self-Drugging with Proprietary Medicines.—The Colorado State Medical Society offers a prize of twenty-five dollars for the best essay, for circulation among the laity, upon the dangers of self-drugging with proprietary medicines. The competition is open to all. Essays written in the English language, must contain not more than 3000 words, and must be submitted before June 15, 1902. Each essay must be designated by a motto; and accompanied by a sealed envelope, bearing the same motto, and enclosing the name and address of the author. The essay receiving the prize will become the property of the society for publication. Others will be returned to their authors. Essays should be sent to the Literature Committee. Dr. C. A. Graham, Secretary, Stedman Block, Denver, Colorado.

Glass Vaccine Points—A New and Original Idea.—One of the most interesting developments in vaccine points is undoubtedly that recently placed upon the market by the H. K. Mulford Co. of a flint glass point, similar in size and shape to that of the ivory point. Every propagator of vaccine, as well as user, has recognized the limitations of the ivory or bone point, inasmuch as it could not be properly sterilized, either by dry heating, which chars it, or by the use of antiseptic solutions or powders, which would be absorbed in the bone and destroy the vaccine virus itself, and for this reason experiments have been carried on covering a period of years, to secure a proper substitute, in glass which from the start has been recognized as the ideal, if it could be properly produced. Mulford Company have succeeded in doing this they have, under their management a large and completely equipped glass plant, on their vaccine farms at Glenolden, for the manufacture of such glassware as they use in connection with antitoxin and vaccine—it is the only glass plant in the world that employs exclusively women. The glass point permits of thorough scarification, it is easily and thoroughly sterilized, and is supplied by the H. K. Mulford Co., either in the form of dry points or what is superior to these dry points, the glycerinized tubes, and is thoroughly tested and free from pathogenic organisms. The glass point is first sterilized and then tipped with glycerinized vaccine, which has been carefully tested bacteriologically and physiologically, to prove its activity and purity, after that it is encased in a sterile glass capsule, which is then hermetically sealed, thus permitting handling of the point without any possible contamination, and it is, in point of fact, the ideal form of vaccine, representing the purest and most active. There is no advanced charge made for the glass glycerinized points and we endorse them as being the most advanced step forward in the marketing of a pure and aseptic vaccine.

Society Proceedings.

MINUTES OF THE TRI-STATE MEDICAL SOCIETY,

at Chicago, April 3 and 4, 1902.

OFFICIALLY REPORTED FOR THE MEDICAL FORTNIGHTLY.

MORNING SESSION, APRIL 3, 1902.

The meeting opened in the Assembly Hall of the Great Northern Hotel, Thursday morning, April 3, 1902, with the President, Dr. John C. Murphy in the chair.

Dr. Emil Ries, chairman of the Committee of Arrangements, reported that clinics had been held all the week up to today, and would be held on Saturday, but no clinics today and tomorrow.

I wish also to call your attention to the exhibits which you will find in the rooms close by. They have been selected according to the standard of the German Medical Society, and that of the American Medical Association, and are therefore, worthy of the attention of the profession. This evening the profession of Chicago tender a banquet to the visiting members of the Tri-State Medical Society, which will be held in the Great Northern Hotel.

Dr. W. B. LaForce, Secretary, presented his report. Minutes of last meeting read and approved.

Dr. LaForce.—In view of the possibility of the Society having its proceedings published in book form, I would move that Miss Boynton be appointed to report the proceedings of the meeting. Carried.

Dr. Emory Lanphear.—I would move that as active membership in this society should be limited to physicians who reside in Iowa, Illinois and Missouri, the following names be dropped from the Treasurer's book and that they be enrolled upon the Secretary's book as honorary members: Drs. Edwin Walker, Evansville, Ind.; B. Merrill Ricketts, Cincinnati, O.; P. I. Scanlan, Lancaster, Wis.; D. C. R. Pickering, Muscoda, Wis.; W. P. Hartford, Cassville, Wis.; W. W. Pick, Darlington, Wis.; F. H. Dunsmoor, Minneapolis, Minn.; A. Rhu, Marion, O.; Dudley S. Reynolds, Louisville, Ky.; W. N. Wishand, Indianapolis, Ind.; H. O. Walker, Detroit, Mich.; Eugene Smith, Detroit, Mich.; H. Lindley, Atchison, Kan.; A. P. Tenney, Kansas City, Kan.; T. E. Holland, Hot Springs, Ark; T. M. Zane, Osage City, Kan.; W. R. Priest, Concordia, Kan.; A. Beasley, Lyndon, Kan.; D. W. Basham, Neal, Kan. Carried.

Cash received from retiring Treasurers, Drs. Lapsley and Fairchild	$75.83
From dues of members	77.00
	$152.83
Paid out, as per vouchers	27.40
Balance on hand	$125.43

President appointed Dr. Ohmann-Dumesnil, of St. Louis; Dr J. C. Sullivan, of Cairo, Ill., and Dr. H. A. Leipziger, of Burlington, Iowa, as Auditing Committee, to inspect the books.

Upon motion, the President's address was made the first order of business for the afternoon. Carried.

A Board of Censors, to pass on those who apply for membership, was appointed: Drs. G. H. Eiskamp, Washington, Ia.; Frank P. Norbury, Jacksonville, Ill., and H. Hatch, Quincy, Ill.

Drs. W. B. LaForce, Ottumwa, Ia.; O. B. Campbell, Chicago, and J. Fred Clark, Fairfield, Ia., were appointed Committee on Publication.

Adjourned.

AFTERNOON SESSION, APRIL 3, 1902.

The afternoon session, April 3, opened with Dr. Murphy in the chair.

Following names were recommended for membership: Drs. Alex. C. Smith, Sterling, Ill.; A. H. Shelton, Bloomfield, Ia.; Albert H. Andrews, Chicago, Ill.; Frank Anthony, Sterling, Ill., and W. J. Williams, Adel, Ia. Upon motion, those were elected to membership.

President's address was then called for (see page 335).

Dr. Ohmann-Dumesnil reported that the Auditing Committee had gone through the books very carefully, and found everything in balance. He moved that the report be accepted by the society. Carried.

Dr. Murphy appointed a Nominating Committee, consisting of Drs. Emory Lanphear, St. Louis; H. Hatch, Quincy, and H. A. Leipziger, Burlington.

Dr. Emil Ries.—The banquet will take place at 8 o'clock this evening, in the Moorish Cafe, just below here. The members from out of town will need no tickets except their badges; all the members from Chicago are also welcome. Dr. Ferguson has the banquet in charge, and he has arranged a number of amusing and instructive features. I hope you will all come and be happy.

Adjourned.

(TO BE CONTINUED.)

ON TO SARATOGA.—The arrangements for the "Missouri Valley" special train to Saratoga Springs in June, are nearly complete. The party will travel to Chicago in two sections, one train leaving Kansas City and St. Joseph on the evening of June 7, and the other section from Council Bluffs at the same time, connecting with the "Saratoga Special," via the famous Lake Shore route from Chicago. This train will carry the Chicago Medical Society, as well as the delegates from the various State societies, and will be superbly equipped with sleeping, observation, and dining cars, with the same luxurious appointments that characterize the limited trains in this route. Stop-overs at Niagara Falls will be permitted in either direction; a one and one-third fare has been named for the round trip, and it is possible that it may be lower. Based upon this rate the fare from Chicago to Saratoga Springs and return will be $26.00. Tickets good returning until July 2. The undersigned will be pleased to send full information to any one contemplating the trip, and Pullman and hotel reservations will be made in advance. CHAS. WOOD FASSETT, St. Joseph.

MEDICAL MEMORANDA.

Syllabus of Bacteriology.—One of the cleverest little manuals on the subject of bacteriology has recently been issued by the Palisade Manufacturing Co., and complimentary copies are being sent to their medical friends. The book is a condensation of more elaborate texts, but contains the meat of the subject, put in a concise and attractive style; the illustrations are of wonderful excellence and are so freely introduced as to make the book desirable, even though one possesses standard text-books, in matter of coloring these reproductions are nearer to the originals seen under the microscope than any we have elsewhere seen. Should you fail to receive a copy a card to the Palisade Company will bring one, and it will convince you of its excellence.

American Medical Association Meeting at Saratoga in June.—A very great interest is being manifested in the coming American Medical Association meeting which is to be held at Saratoga Springs, N. Y., June 10th to 13th next, and the indications are that this meeting will be the largest ever held. From the many inquiries and allusions to the route to the convention, it seems clearly apparent that the Wabash will carry the bulk of travel from the west and middle district, tributary to Kansas City, Chicago and St. Louis, as the train service of that line seems to be especially desirable from those gateways. The departing time from these points and time of arrival at Saratoga being particularly convenient. Their famous Continental Limited train pulls out of Kansas City at 9:20 p. m., and out of St. Louis and Chicago at 9:00 a. m. and 11:00 a. m. respectively, and lands delegates at Saratoga at 10 o'clock in the morning on the day following their departure from St. Louis and Chicago, and the second day after their departure from Kansas City, while through sleeping car service is afforded with but one change from St. Louis and Chicago, and two from Kansas City. The Wabash has taken excellent care of the doctors and their families enroute to their meetings in the past and there can be no doubt that they will equal their past records in this particular on the occasion of the coming meeting. The Central and Western Passenger Association have granted a one-and-one-third fare rate for this occasion on the certificate plan, and delegates should be careful to provide themselves with certificates showing the purchase of their tickets to the convention from the ticket agent at the point of departure. This will be necessary to obtain the one-third fare for return journey.

Clinical Observations on Dysmenorrhea and Amenorrhea.—In a recent number of the International Journal of Surgery, Levasseur considers in detail these two conditions, giving etiologic and diagnostic characteristics of the various forms. Concluding the article are clinical reports relative to the use of apiol in combination in these distressing and obstinate disorders. The writer truly says apiol is too little appreciated by the American profession. He says: Apiol is not so well known as it deserves to be. It has gained considerable popularity among French and English physicians, and was introduced into the country some years ago. At first it was

recommended for malaria, as a substitute for quinine, but later its emmenagogue virtues became known. It is the active principle of apium petroselinum, L., or of petroselinum sativum, and was first isolated in 1885. The apiol of the market is usually full of resinous impurities and, therefore, not suitable for administration. Indeed, the many failures to secure the emmenagogue action of apiol which physicians in this country heretofore experienced were chiefly due to the fact that the apiol usually sold as such was in reality a mixture of impure principles obtained from parsley by a simple process of extraction. In the cases reported here I employed the preparation called ergoapiol (Smith), which contains a combination of pure apiol, ergot, oil of savin, and aloin in capsules. The histories of these cases are briefly given here. I will say in general that in all these cases emmenagogues were indicated and organic changes in the genital system excluded by examination. In addition to the cases reported below I have used ergoapiol (Smith) in eighty others with results similar to those described here:

Case 1. Miss C. R., aged 15 years, menstruated for the first time five months ago, and only once since then has had any indicating pains, and these without any flow during the month following the first menstruation. After treating her with iron, arsenic, etc., including douches and hip baths, without any apparent effect, I tried the ergoapiol (Smith), giving her one capsule four times a day. On the fourth day I found that menstruation had been established, a slight pain remained, which disappeared after a warm hip bath, when the entire function became normal.

Case 2. Miss E. M. (nurse), aged 27, unmarried, suffered greatly at the menstrual period. I had used in her case many of the preparations recommended for dysmenorrhea, with poor success, and she had become convinced that only large doses of morphine with inhalations of chloroform, which she had been employing for some time, could give relief. I prescribed two capsules four times a day for two days, and one capsule four time a day during menstruation. The periods now occur without the slightest discomfort.

Case 3. Miss A. T., aged 25. Dysmenorrhea with very offensive discharge. One capsule was given four times a day just previous to the expected period. The menses appeared without pain and with comparatively little odor, and menstruation became more normal than it had been for several months.

Case 4. Mrs. N. P., aged 24, multipara, had not menstruated since confinement, a period of twenty-two months. She had tried various emmenagogue, but without result. After taking two capules three times a day for a few days, menstruation was re-established in a perfectly normal manner.

Case 5. Mrs. E., aged 20, married six months, complained of scanty and retarded menstruation. She had always been more or less irregular and had suffered with considerable dysmenorrhea. At her last two periods, under the administration of one capsule four times a day, the menses appeared regularly without any distress.